

CACFP FIELD TRIP REQUEST

Field trip meals that are not approved cannot be claimed. Request should be received in our office at least one week prior to field trip for approval.

To: USOE/Child Nutrition Programs
250 East 500 South
PO Box 144200
Salt Lake City, UT 84114-4200

CNP Fax #: 801-538-7883

Center Name: _____ Agreement # _____ Date: _____

Contact Person: _____ Center Fax #: _____ Center phone #: _____

Centers are responsible for following all local health department rules and regulations relating to meal service. Centers are also responsible for taking point of service meal counts following CACFP requirements. File approved request with the corresponding meal production record.

1)	Field trip date _____	Time _____	a.m./p.m.;	Meal: _____	Menu # _____
2)	Field trip date _____	Time _____	a.m./p.m.;	Meal: _____	Menu # _____
3)	Field trip date _____	Time _____	a.m./p.m.;	Meal: _____	Menu # _____
4)	Field trip date _____	Time _____	a.m./p.m.;	Meal: _____	Menu # _____

Menu: 1

Ages of children on field trip: _____

Serving size	Components
	Milk:
	Meat/meat alternate:
	Fruit/vegetable:
	Fruit/vegetable:
	Grains/breads:

Menu: 2

Ages of children on field trip: _____

Serving size	Components
	Milk:
	Meat/meat alternate:
	Fruit/vegetable:
	Fruit/vegetable:
	Grains/breads:

Menu: 3

Ages of children on field trip: _____

Serving size	Components
	Milk:
	Meat/meat alternate:
	Fruit/vegetable:
	Fruit/vegetable:
	Grains/breads:

Authorized Center Official	Child Nutrition Programs Approving Signature	Date